

Infant Mortality

The rate of infant mortality (deaths of infants less than one year of age) is an important measure of the health of infants and mothers. It also assesses the delivery of health care and related services to mothers and infants. Utah's overall infant mortality rate is among the lowest of all states.

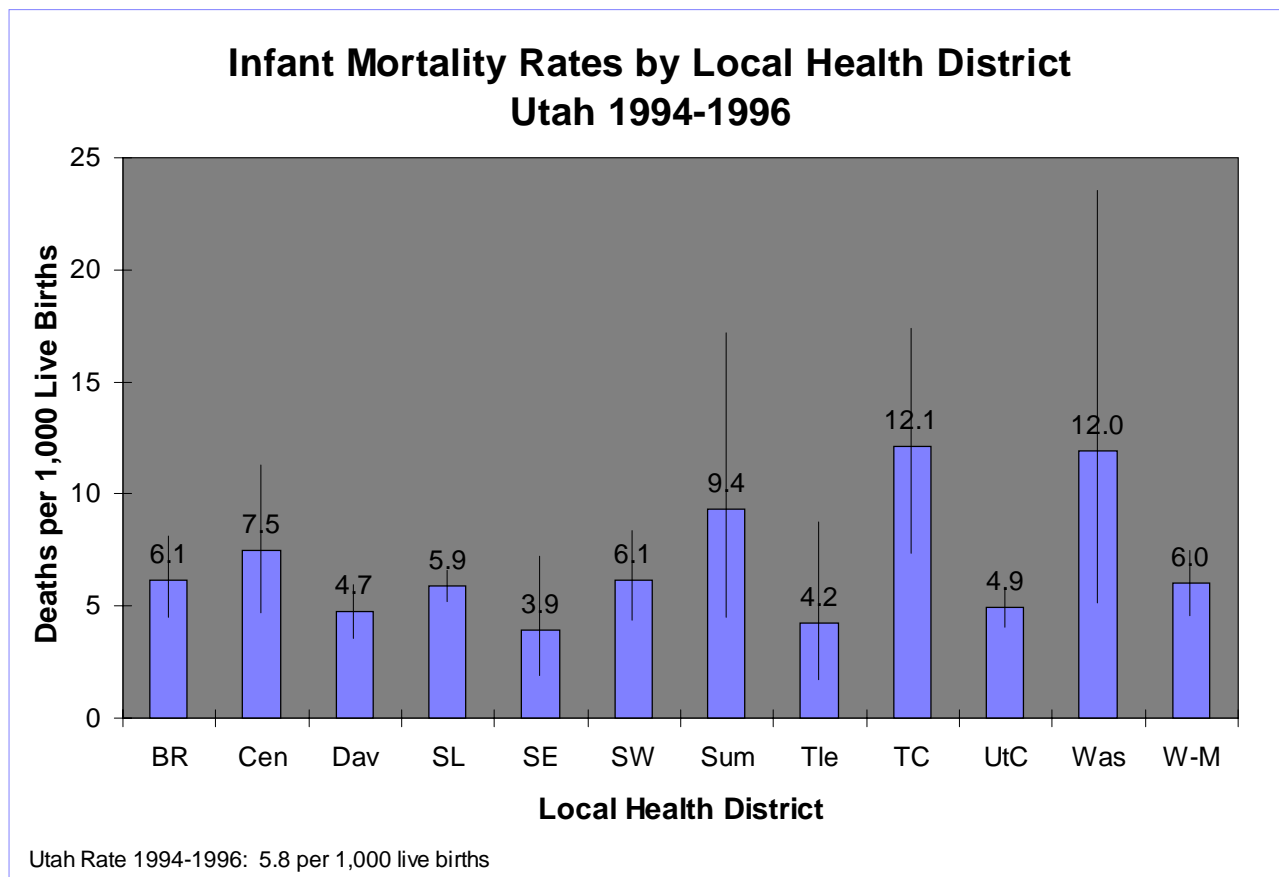
Utah's infant mortality rate decreased by over 40% from 1980 to 1992, but has changed little since 1992. Most of Utah's Health Districts have also experienced declining rates of infant mortality; these include Bear River, Central, Davis, Salt Lake, Southeastern, Southwest, Utah County, and Weber-Morgan.

Trends for the districts with small populations (Summit, Tooele, Wasatch, and Tri-County) are difficult to interpret.

Utah 1995: 5.2/1,000 live births

U.S. 1995: 7.6/1,000 live births (all races)

U.S. 1995: 6.3/1,000 live births (whites)



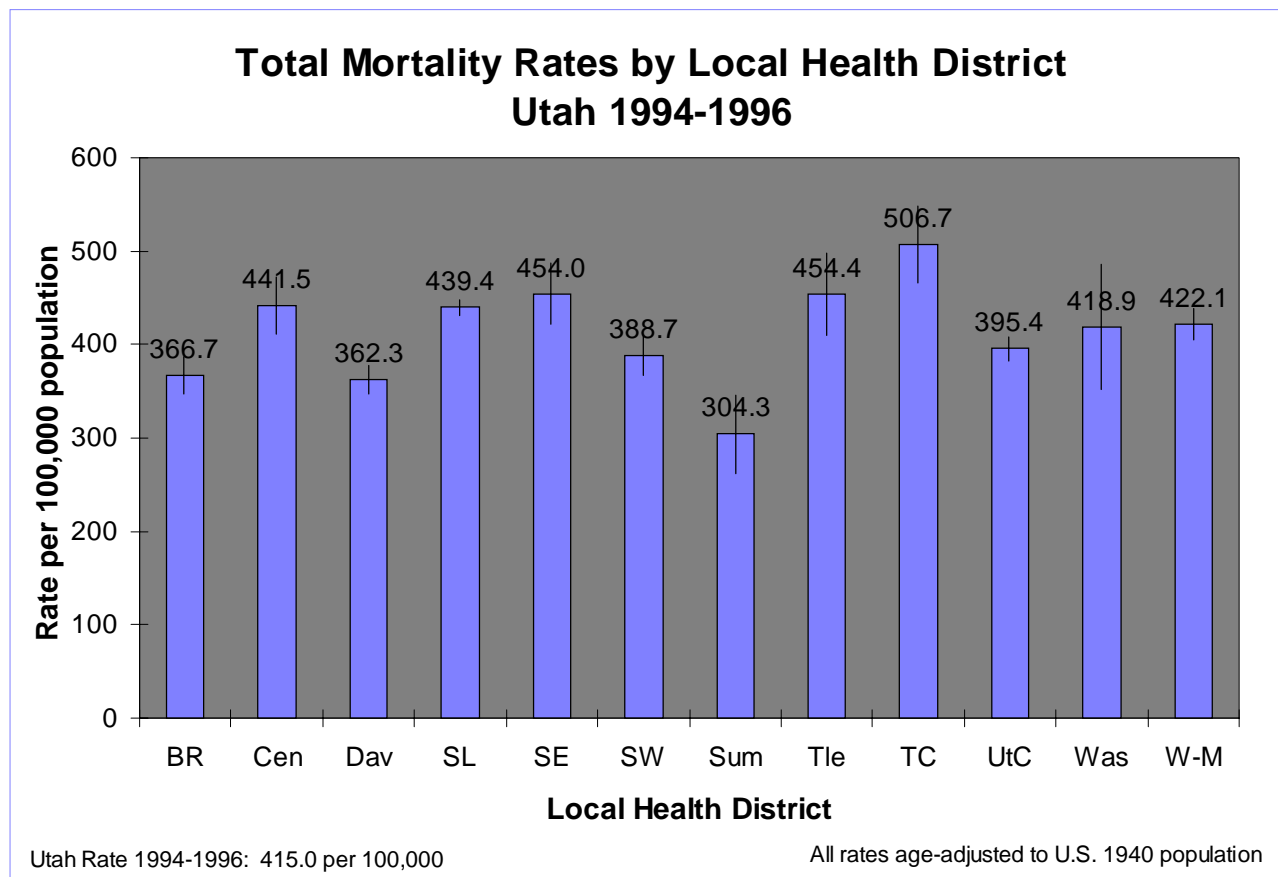
Total Mortality

Utah's age-adjusted all-cause mortality rate has decreased steadily and is almost 20% lower than the U.S. rate and substantially lower than the U.S. white rate. Highest rates were found in Southeastern, Tooele, and Tri-County, and lowest rates in Bear River, Davis, and Summit County.

Utah 1995: 420.0/100,000

U.S. 1995: 503.9/100,000 (all races)

U.S. 1995: 476.9/100,000 (whites)

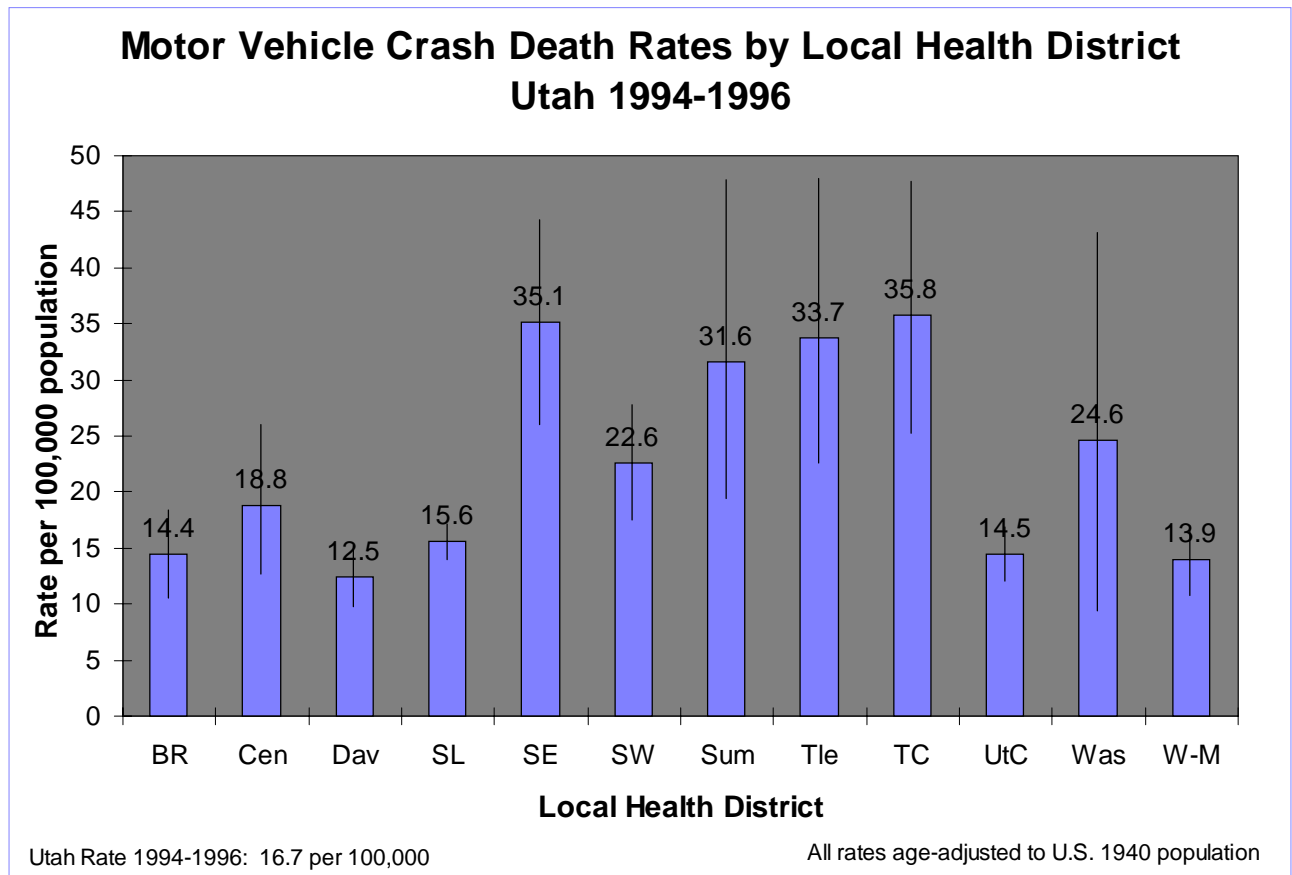


Motor Vehicle Crash Deaths

The highest death rates from motor vehicle crashes continued to occur in Southeastern and Tri-County districts. Motor vehicle crash death rates tended to be higher in the rural health districts where residents often drive longer distances at higher speeds than do residents of urban areas.

Utah 1995: 16.6/100,000

U.S. 1995: 18.3/100,000 (all races)
U.S. 1995: 16.4/100,000 (whites)



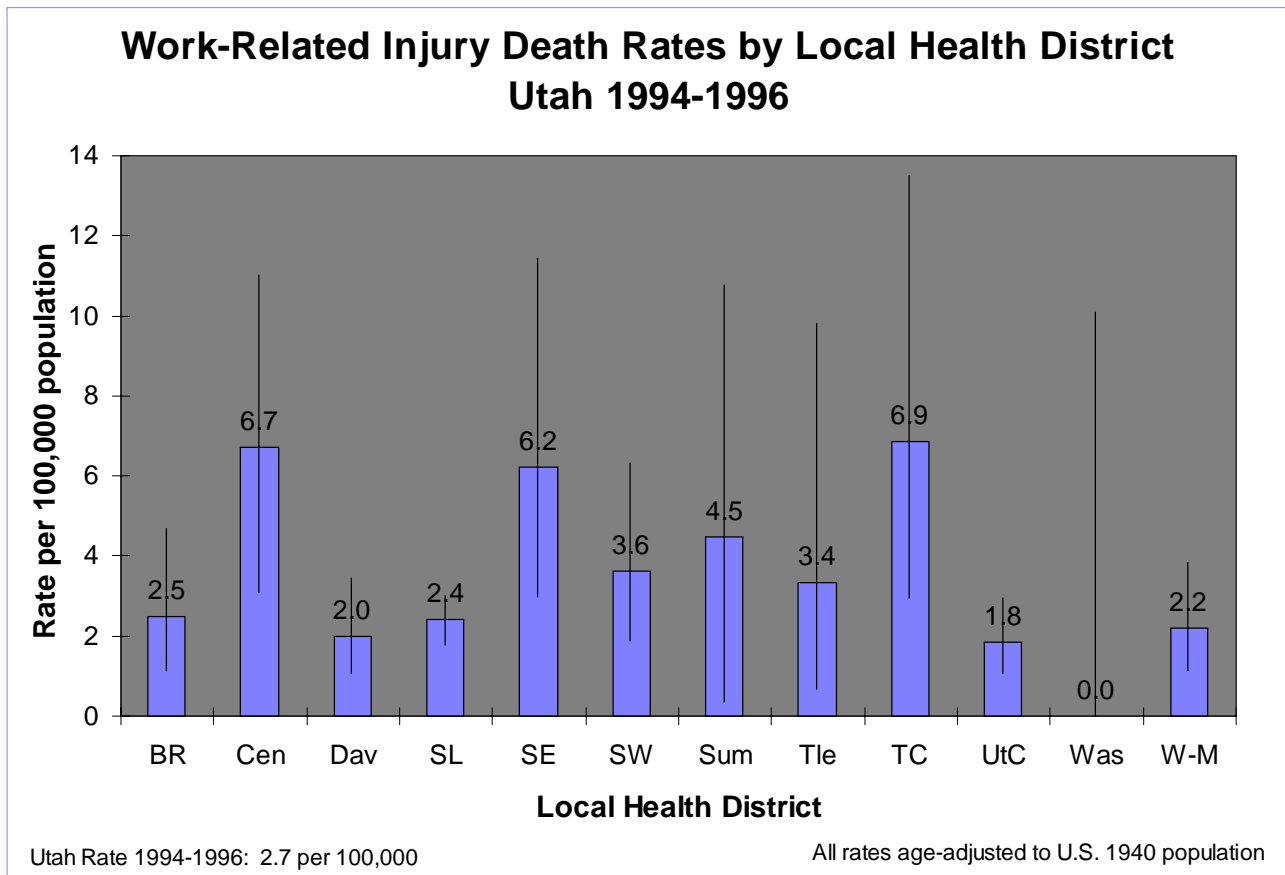
Work-Related Injury Deaths

Work-related injury deaths involve all segments of the population, and most such deaths could have been prevented. Each year in Utah about 50 people die as a result of a work-related injury. Men are at highest risk of death from work-related injury.

Because of the small numbers of deaths, it is difficult to evaluate differences among local health districts. For example, the high rate in Central district during this three-year period was based on only 4 deaths per year, and the high rate in Tri-County was based on only 3 deaths per year.

Utah 1995: 2.3/100,000

U.S. 1995: 3.0/100,000 (all races)
U.S. 1995: 2.9/100,000 (whites)



Suicide

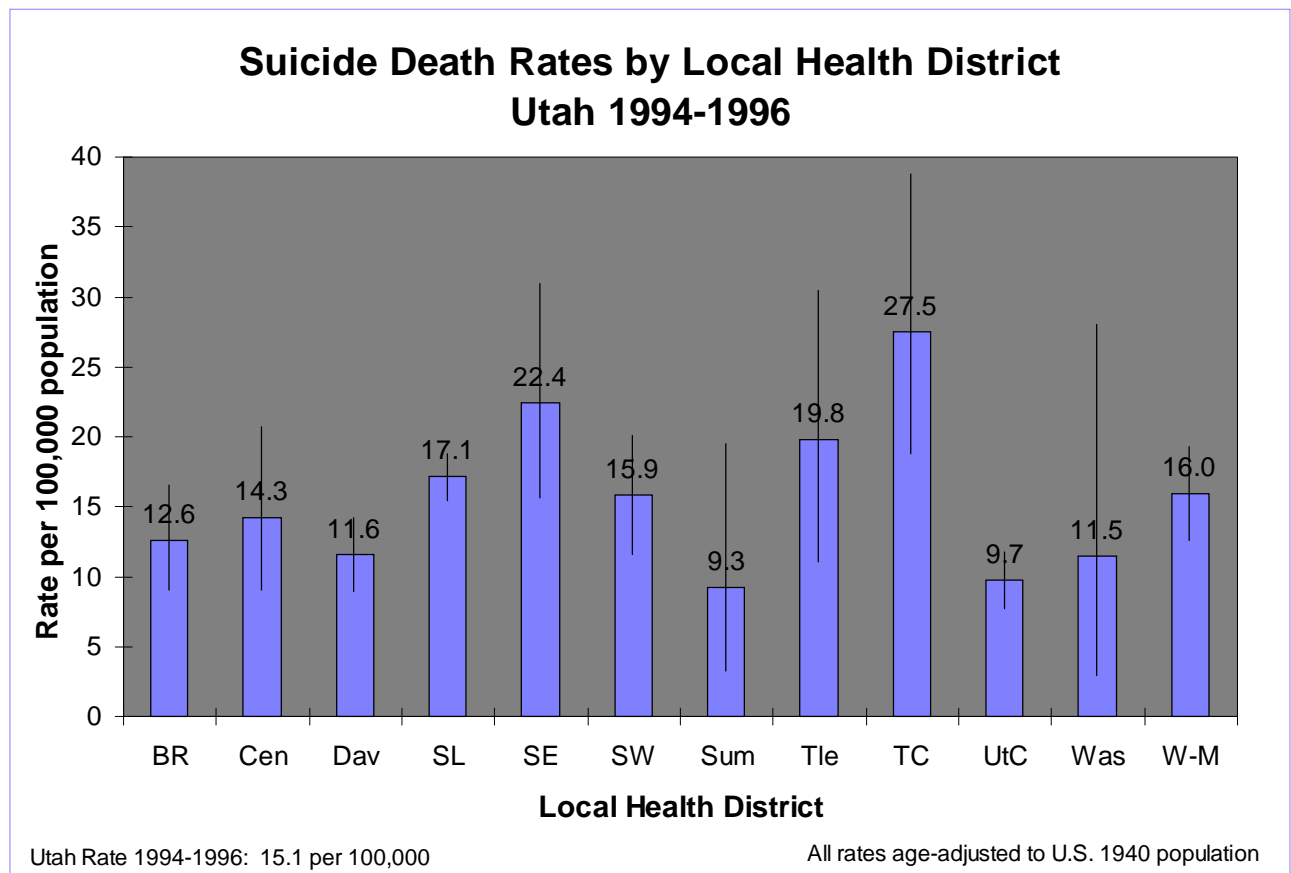
Suicide is one of the few causes of death for which the Utah rate exceeds the U.S. rate. In 1994, Utah had the 9th highest suicide rate in the U.S.

Bear River, Utah County, and Davis County have consistently had lower suicide rates than the rest of Utah, whereas Salt Lake, Weber-Morgan, and Southeastern have consistently had higher rates.

Utah 1995: 15.1/100,000

U.S. 1995: 11.2/100,000 (all races)

U.S. 1995: 11.9/100,000 (whites)



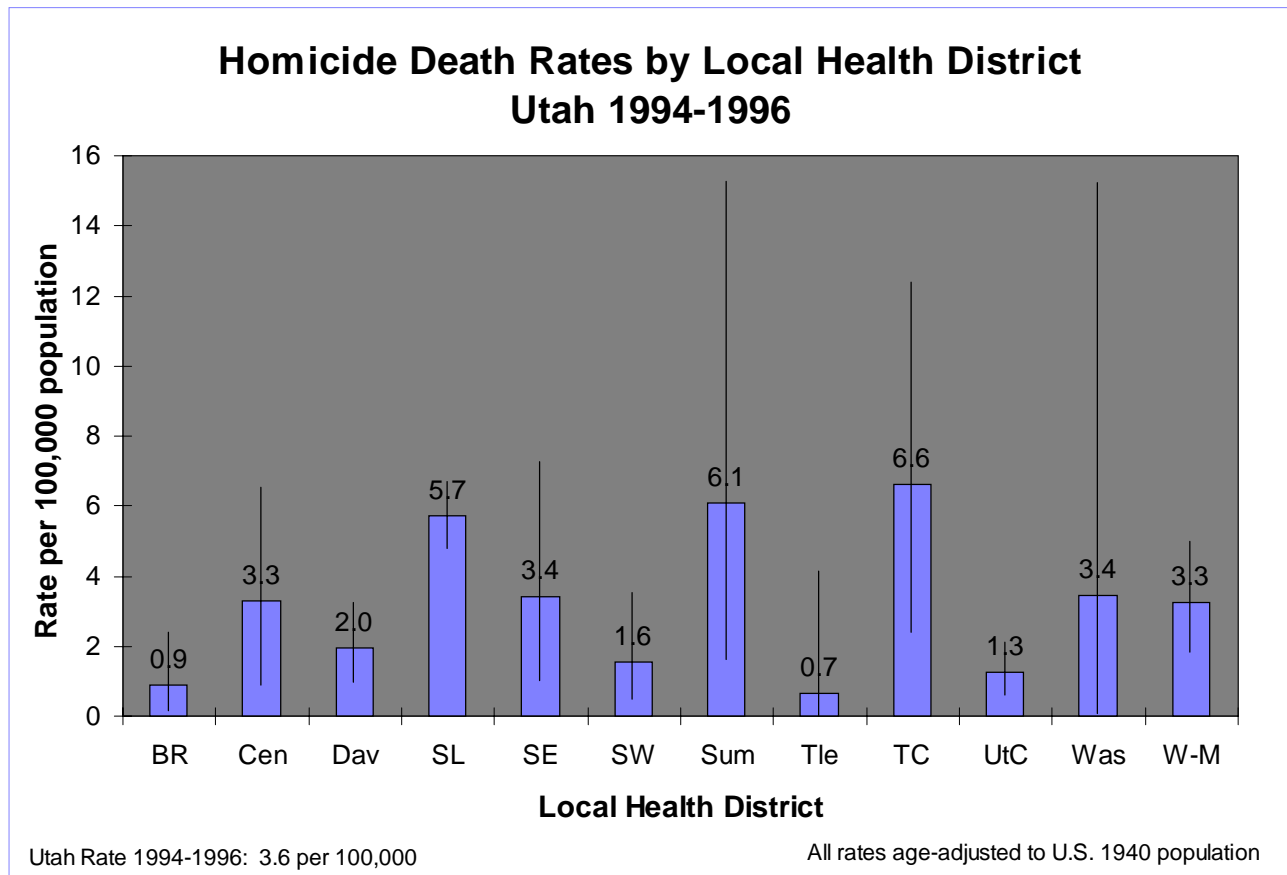
Homicide and Legal Intervention Deaths

Utah's death rate from homicide was substantially lower than the U.S. rate.

The majority of Utah's homicide deaths occurred among residents of Salt Lake and Weber counties. In 1994, Salt Lake and Weber counties accounted for 73% of homicide deaths (although those two counties account for only 50% of the state's population. The other urban Wasatch Front counties (Davis and Utah) had low homicide rates. Summit and Tri-County districts had high homicide rates during this three-year period, but those high rates were based on relatively few deaths (4 and 7 deaths in the three-year period, respectively).

Utah 1995: 3.9/100,000

U.S. 1995: 9.4/100,000 (all races)
U.S. 1995: 5.5/100,000 (whites)



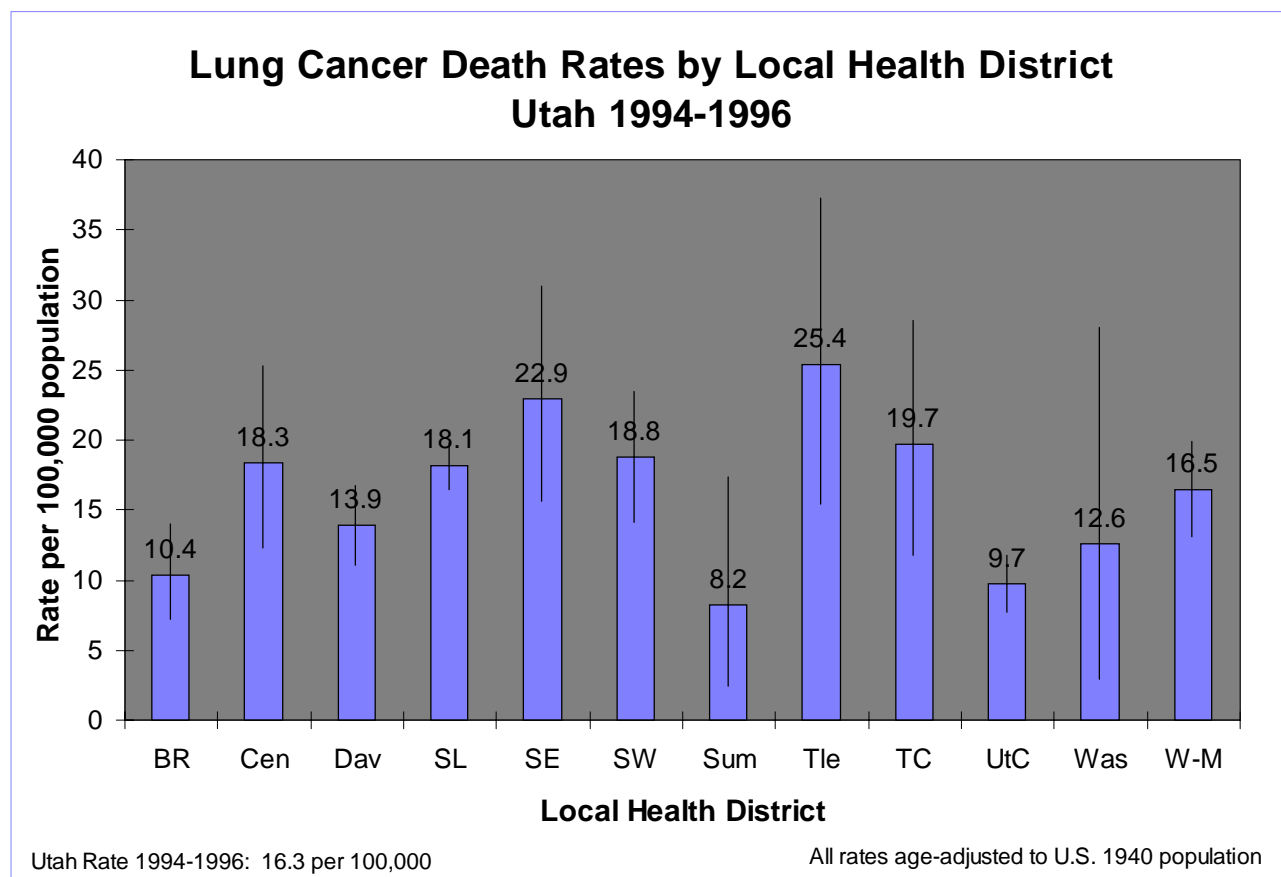
Lung Cancer Deaths

In Utah, over 300 people die each year from lung cancer. Utah's lung cancer death rate is less than half the U.S. rate. Utah's low lung cancer death rate is a result of the low rates of tobacco use in Utah. In general, lung cancer mortality rates in Utah's health districts are closely related to smoking rates; districts with higher smoking rates have higher lung cancer mortality rates.

Utah 1995: 16.5/100,000

U.S. 1995: 38.3/100,000 (all races)

U.S. 1995: 38.0/100,000 (whites)



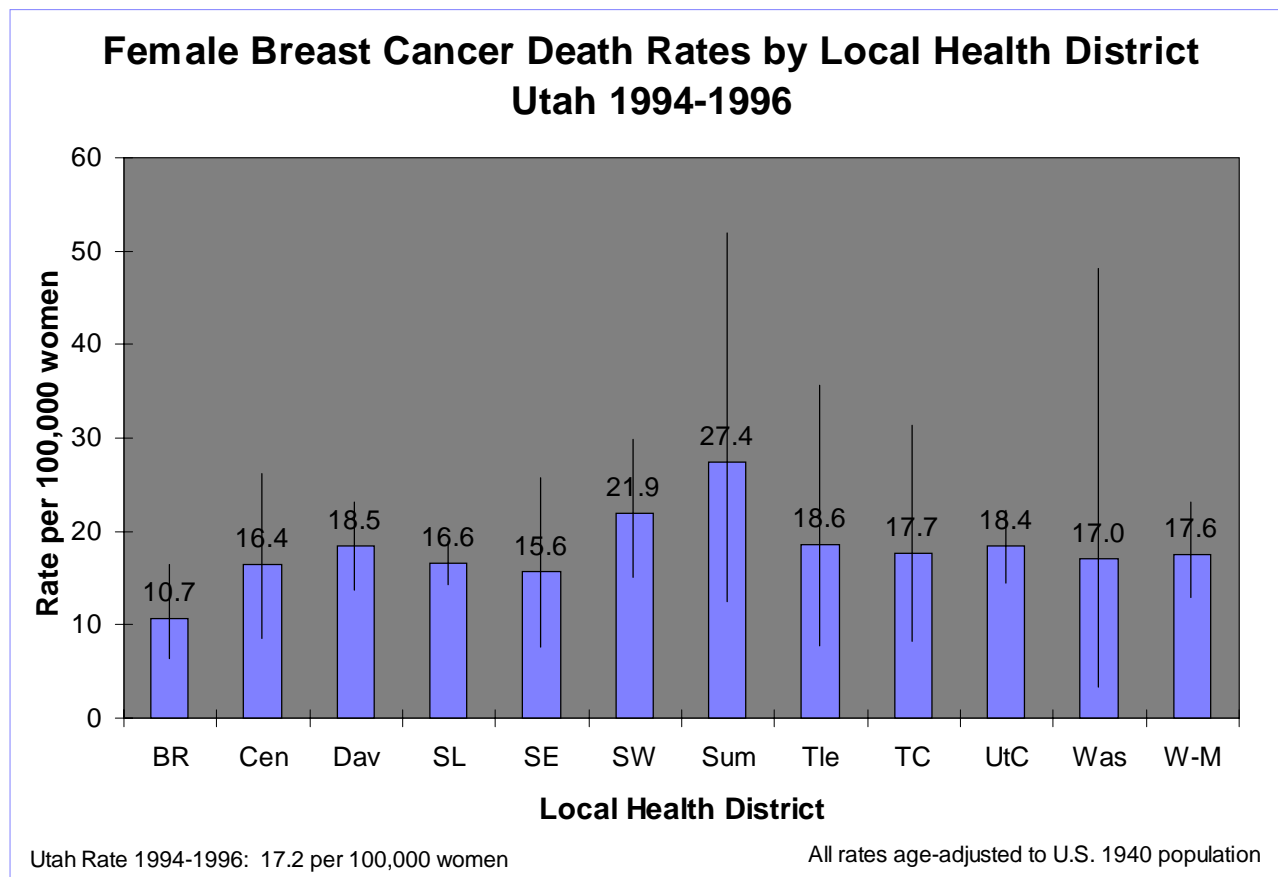
Female Breast Cancer Deaths

Although Utah's mortality rate from breast cancer is lower than the U.S. rate, breast cancer is a major cause of morbidity and mortality among Utah women. Over 800 Utah women are newly diagnosed with breast cancer and almost 200 women die from the disease each year. Data from the Utah Cancer Registry show an increase over time in the proportion of breast cancers diagnosed at an early and potentially curable stage.

Breast cancer mortality rates do not vary significantly among Utah's local health districts; the high rate in Summit County during this three-year period was based on very small numbers and is not a reliable indicator.

Utah 1995: 17.7/100,000

U.S. 1995: 21.0/100,000 (all races)
U.S. 1995: 20.5/100,000 (whites)



Cardiovascular Disease Deaths

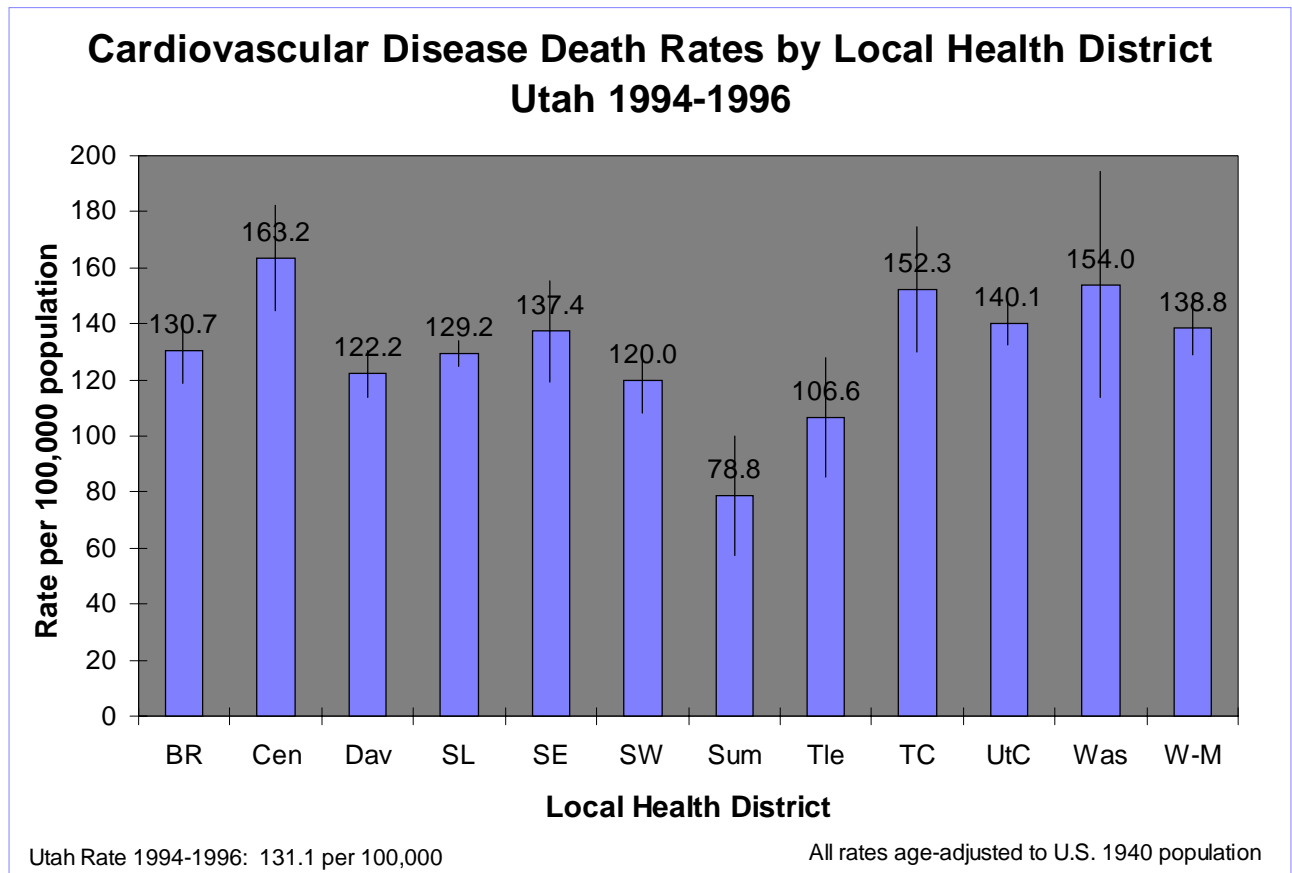
More Utahns die of cardiovascular disease than from any other cause, despite the reduction in mortality over the past two decades. Cardiovascular disease is the leading cause of death in each of Utah's twelve local health districts as well.

The main components of cardiovascular disease are heart disease and stroke. Data on heart disease and stroke by local health district are presented on the next two pages.

Utah 1995: 132.3/100,000

U.S. 1995: 174.9/100,000 (all races)

U.S. 1995: 167.2/100,000 (whites)



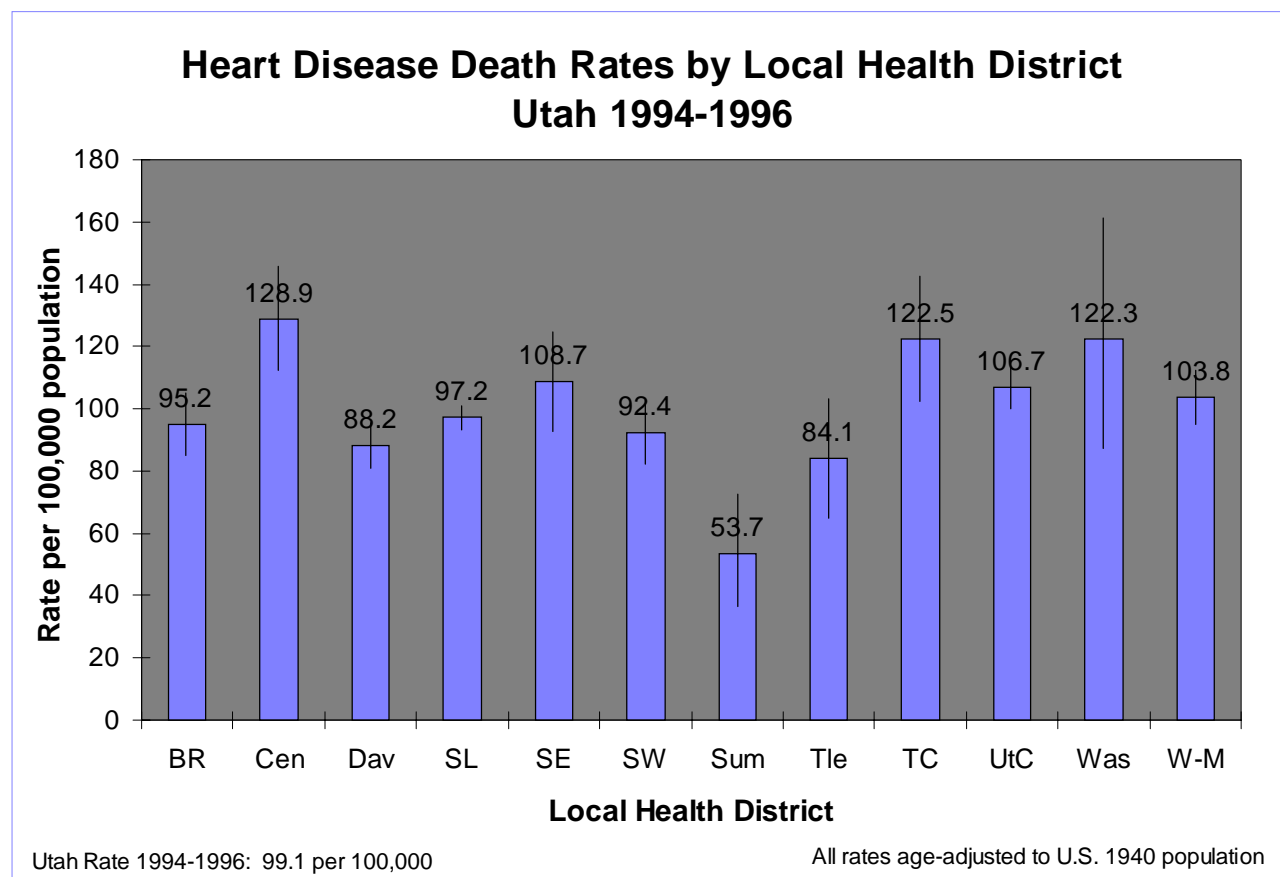
Heart Disease Deaths

Heart disease accounts for about three-quarters of cardiovascular disease deaths. Utah's heart disease death rate is about 27% lower than the U.S. rate. Most heart disease deaths are due to coronary artery disease. Both Utah and the U.S. have experienced dramatic declines in heart disease death rates over the past decades. Despite those declines, heart disease remains the leading cause of death in Utah and in most health districts.

Heart disease death rates are highest in Central district and lowest in Summit district.

Utah 1995: 101.0/100,000

U.S. 1995: 138.3/100,000 (all races)
U.S. 1995: 133.1/100,000 (whites)



Stroke Deaths

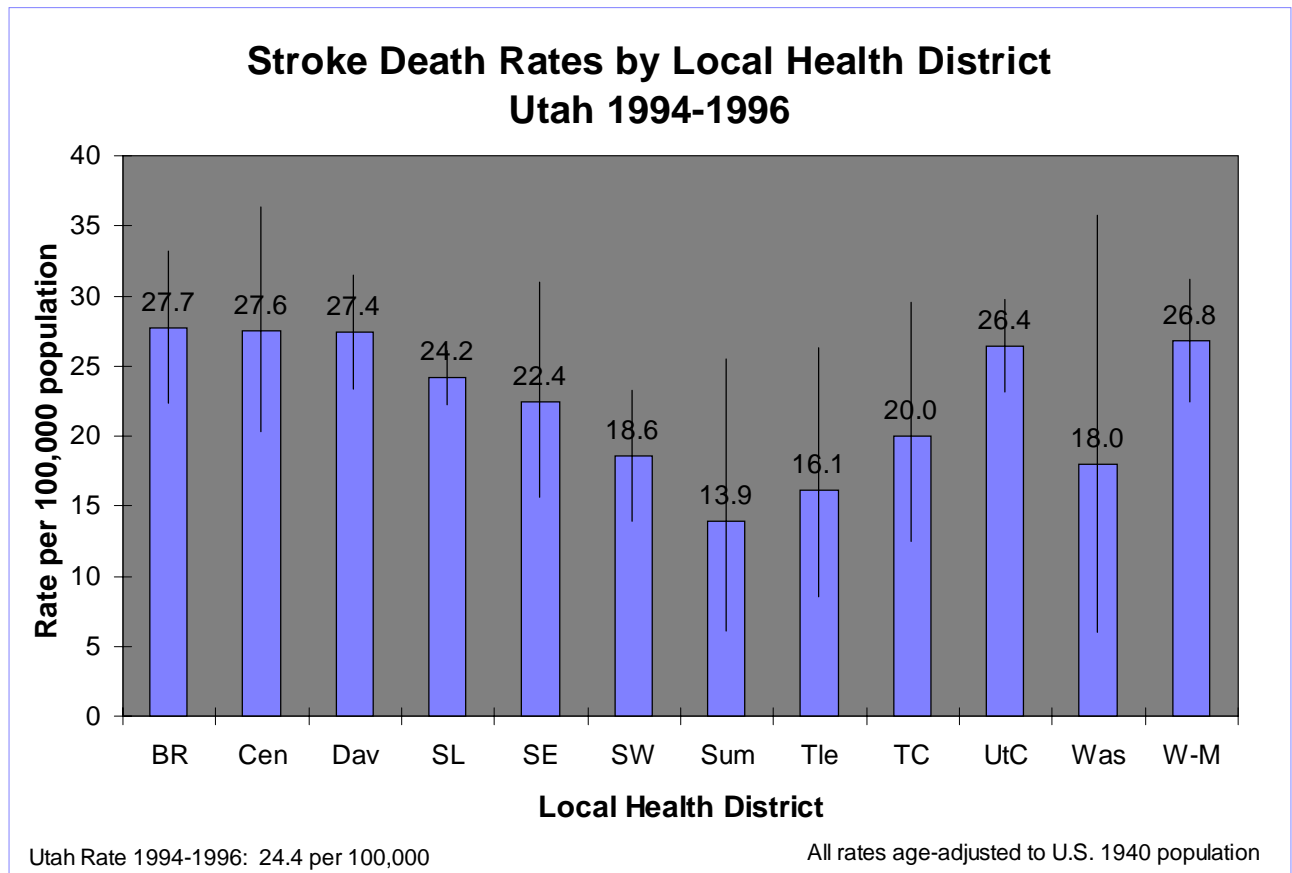
Cerebrovascular disease, the cause of strokes, accounts for about one-fifth of cardiovascular disease deaths. In addition to being an important cause of death, strokes can have devastating effects on quality of life for victims who survive.

The death rate from strokes in Utah declined by about 30% from 1980 to 1992, but has leveled out since then. The highest death rates from stroke were found in Bear River and Central districts and in Davis County; the lowest rate was in Summit County.

Utah 1995: 24.2/100,000

U.S. 1995: 26.7/100,000 (all races)

U.S. 1995: 24.7/100,000 (whites)



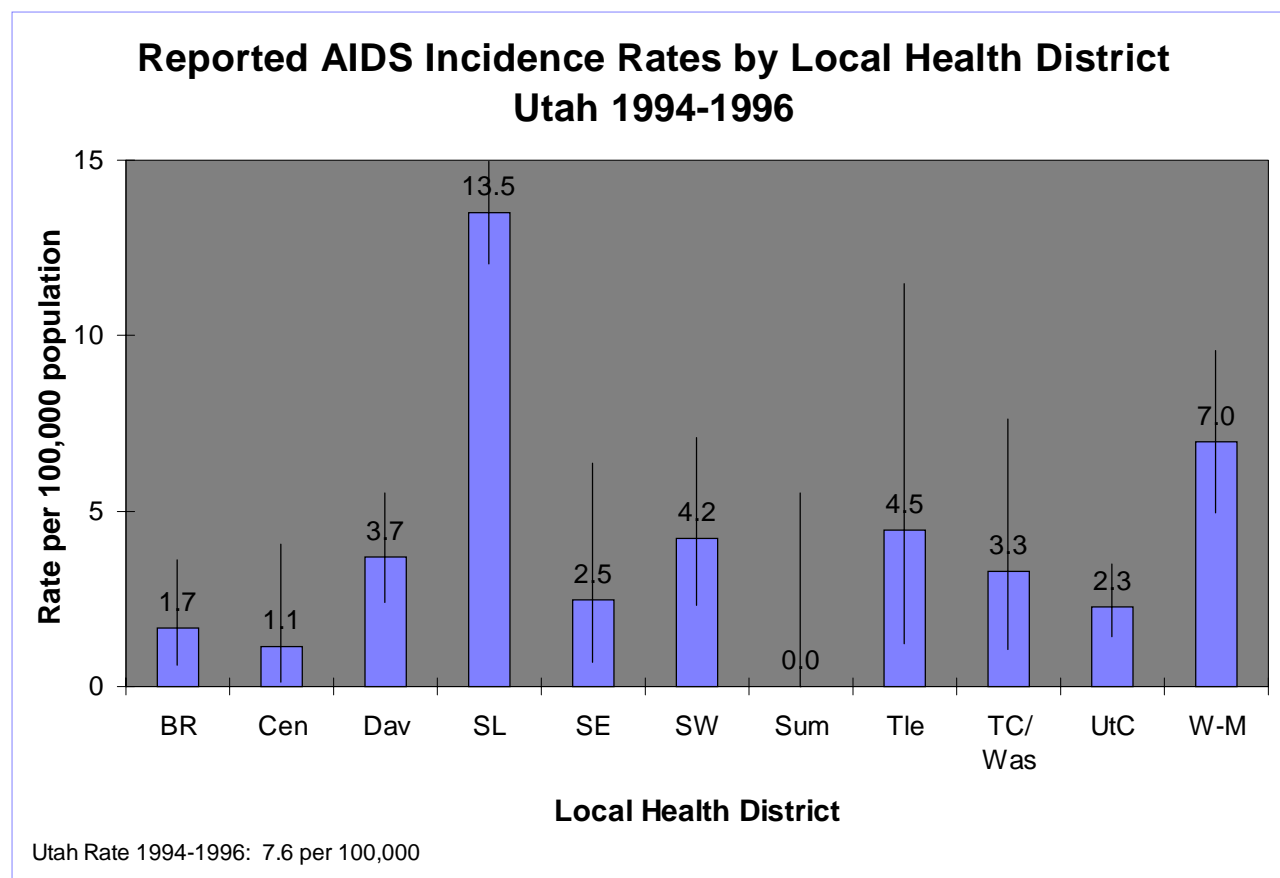
AIDS Incidence

AIDS is a major public health problem. Data can be examined either by date of report or by date of diagnosis. Because date of diagnosis more accurately reflects the epidemiology of the disease, the graph shown on this page displays the data by date of diagnosis; however, the numbers will change because of delayed reporting. Cummulatively since the onset of the AIDS epidemic, over 1,500 cases of AIDS had been diagnosed in Utah through mid-1995; 849 people (56%) had died.

During this three-year time period, cases of AIDS are reported from 10 of the 12 health districts. During the epidemic, cases have been diagnosed in all of Utah's health districts. Because of confidentiality, the data for Wasatch and Tri-County districts were combined. The incidence of AIDS was highest in Salt Lake County.

Utah 1995: 7.8/100,000

U.S. 1995: 25.7/100,000 (all races)
U.S. 1995: 13.9/100,000 (whites - non-Hisp)



* These provisional data are current as of 1/29/98; numbers will change due to delayed reporting.

Footnote: Monitoring incidence of HIV infection using reported AIDS cases is difficult for several reasons. First, it takes about 10 years on average from the time a persons becomes infected with HIV until the onset of the disease, AIDS. Thus, the reported AIDS cases in 1996 actually represent infections that were acquired in about 1986. Second, reporting is not complete and the completeness can vary from year to year. Third, the date a persons is reported can occur at varying times after the diagnosis of AIDS is made. For this report, AIDS incidence was calculated by year of diagnosis. While this removes some of the effect of lags in reporting, it also means that the rate for the most recent years is artificially low (e.g., additional cases diagnosed in 1996 will almost certainly be reported in future years).

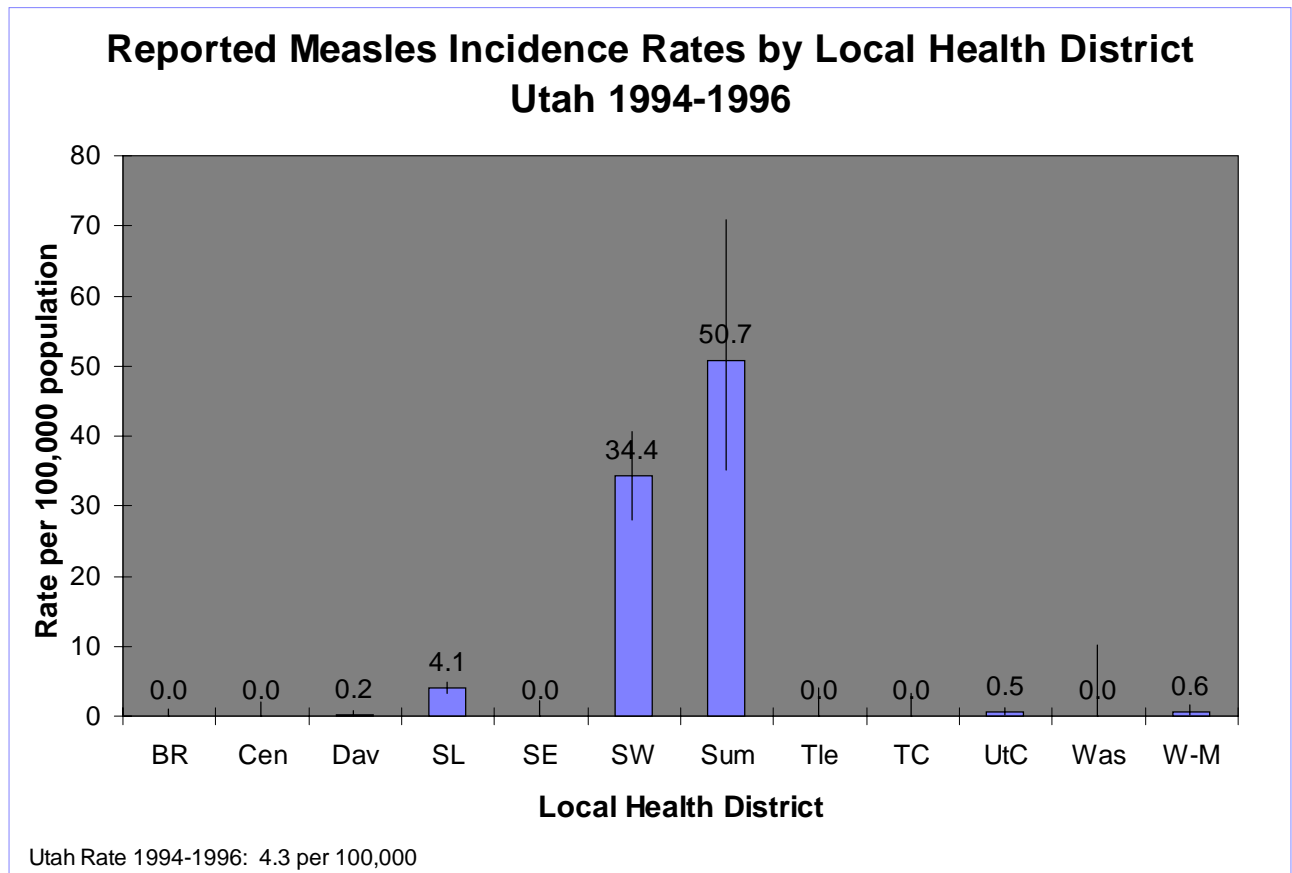
Measles Incidence

Measles is a contagious viral infection that most often affects children and often occurs as outbreaks or epidemics. Measles can be prevented by immunization and measles outbreaks can be prevented if a high proportion of people in a population are immunized. Utah's immunization rates for two year-olds have been among the lowest in the nation in recent years.

Utah experienced measles outbreaks in 1994 and 1996. The largest number of cases occurred in Southwest district, but the highest rate was in Summit County.

Utah 1994: 7.1/100,000
Utah 1995: 0.0/100,000
Utah 1996: 5.9/100,000

U.S. 1994: 0.4/100,000 (all races)
U.S. 1995: 0.1/100,000 (all races)



Tuberculosis Incidence

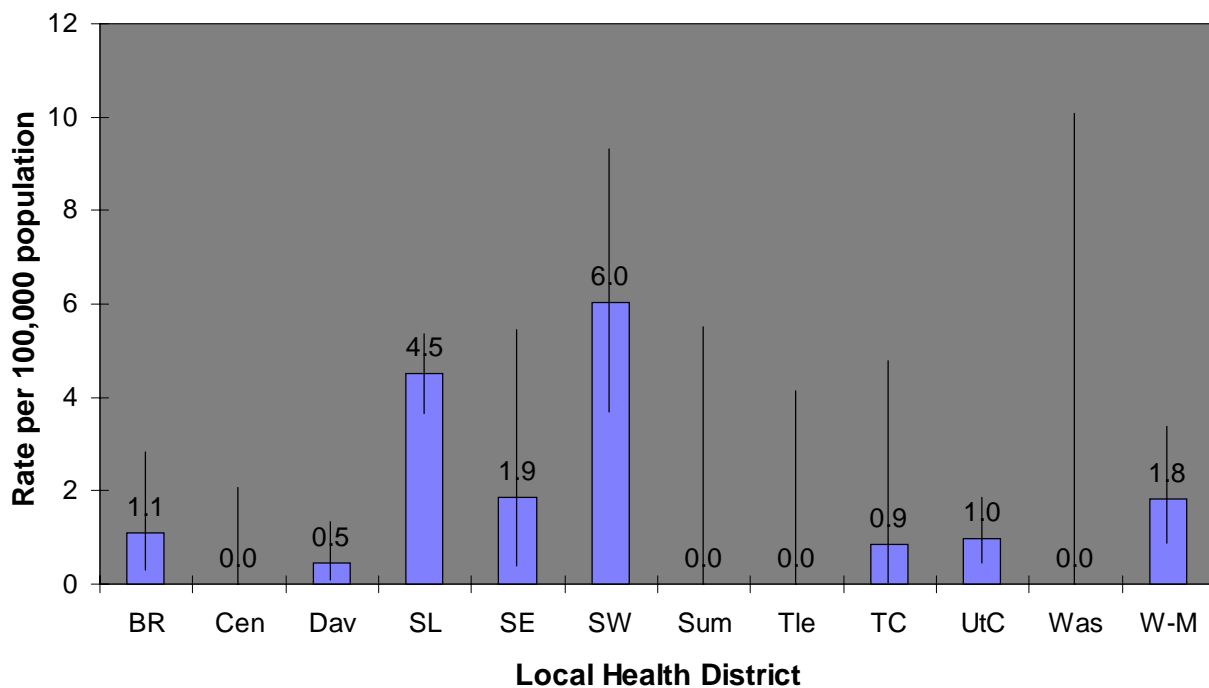
Nationally, tuberculosis incidence is changing because of HIV infection and the increase in homeless populations. Although Utah's tuberculosis rate is not as high as the U.S. rate, some Utah populations (especially homeless persons and persons born in countries where tuberculosis is common) have high tuberculosis rates. Individuals with AIDS are also more likely to develop TB and to have a more rapidly progressive illness.

Although tuberculosis has been diagnosed in every health district in the state, the highest rate during this time period occurred in Southwest district, and majority of cases were diagnosed in Salt Lake City/County district.

Utah 1995: 2.3/100,000

U.S. 1995: 8.7/100,000 (all races)
U.S. 1995: 4.9/100,000 (whites)

**Reported Tuberculosis Incidence Rates by Local Health District
Utah 1994-1996**



Utah Rate 1994-1996: 2.7 per 100,000

Prevalence of Low Birth Weight

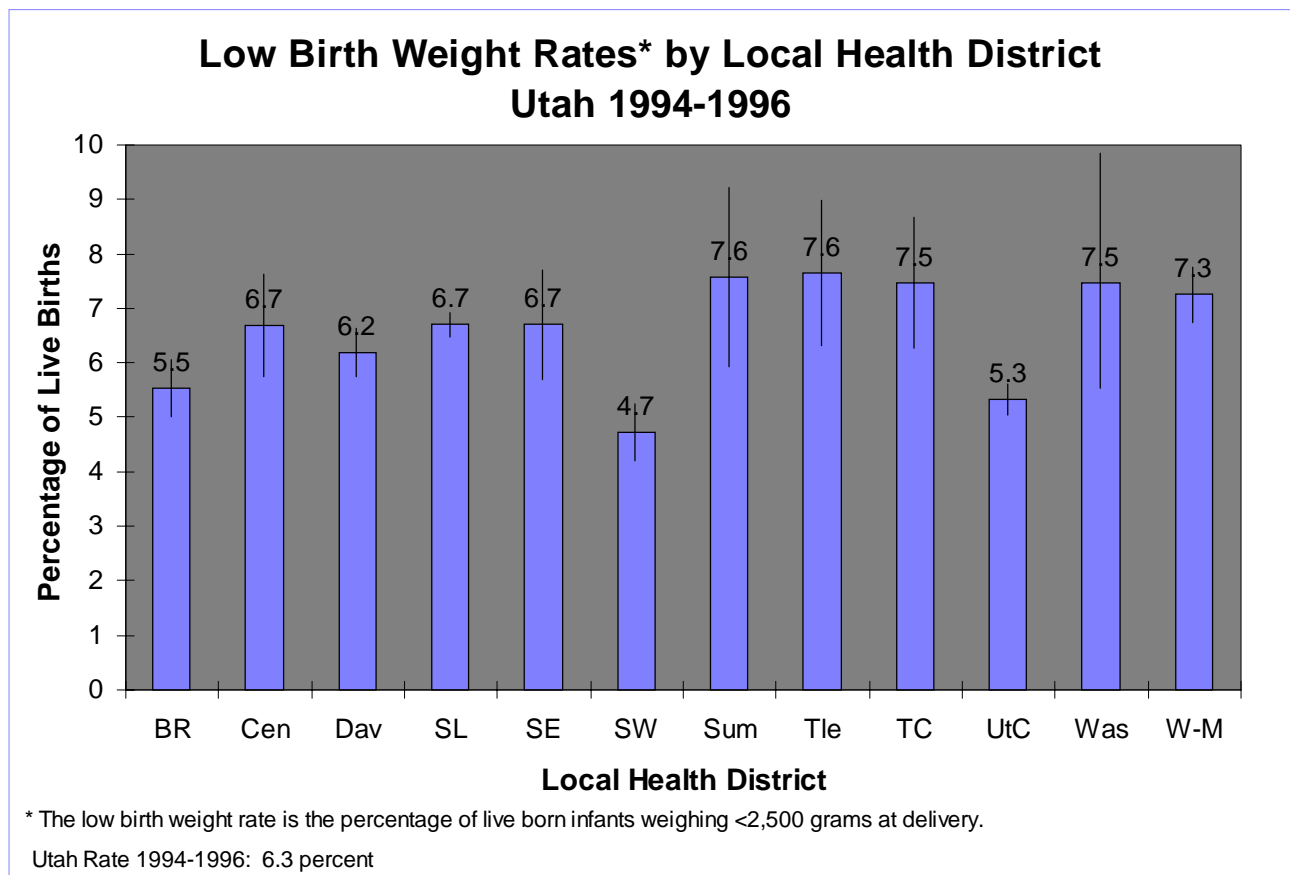
Low birth weight, defined as the birth of an infant weighing less than 2,500 grams (about 5 1/2 lb.), is an important predictor of infant mortality. Low birth weight infants are also at higher risk for morbidity, such as developmental disorders, and respiratory infections. Over the last decade the rate of low birth weight births has been gradually increasing in Utah.

In Utah, the highest rates of low birth weight babies during this time period were found in Summit, Tooele, Tri-County, and Wasatch districts.

Utah 1995: 6.3%

U.S. 1995: 7.3% (all races)

U.S. 1995: 6.2% (whites)



Births to 15-17 Year Old Girls

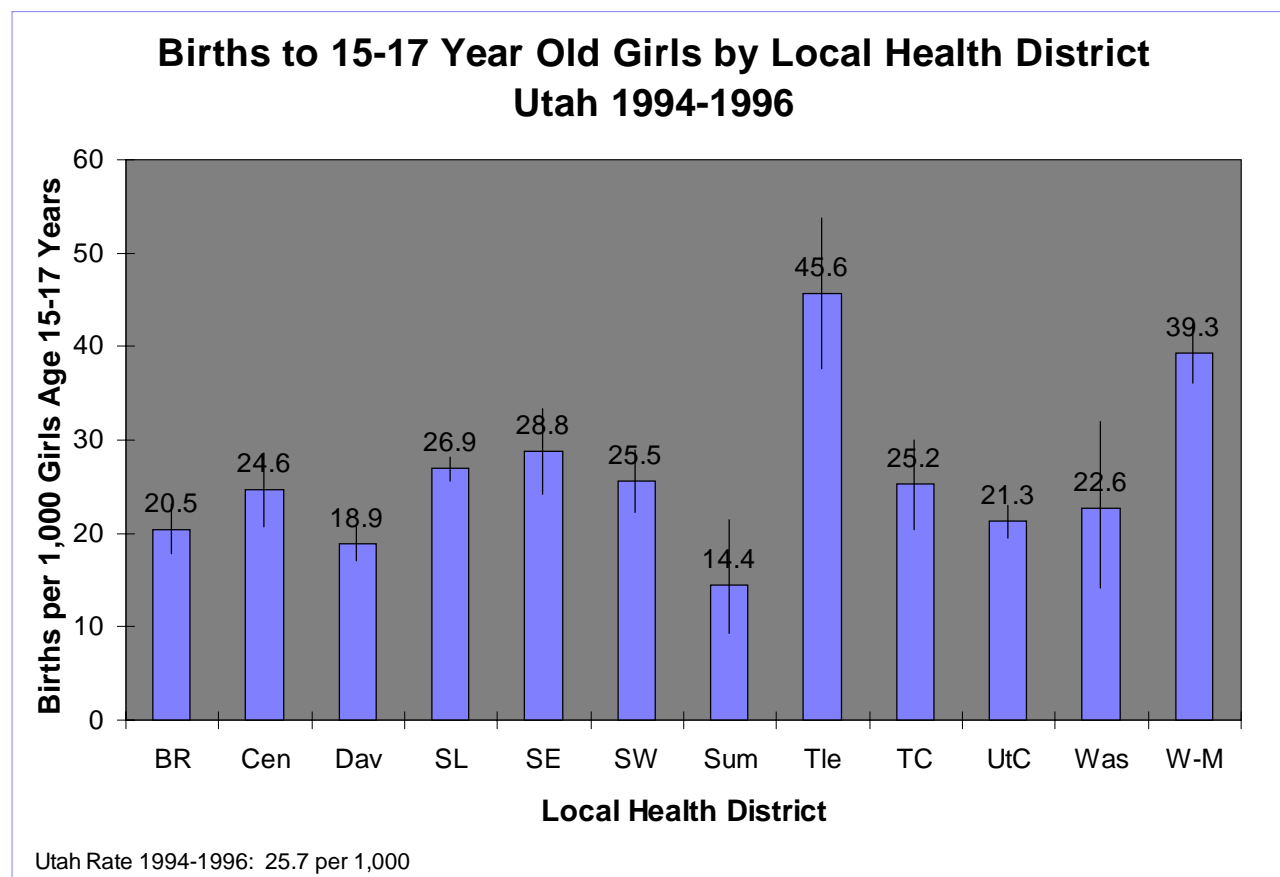
Teen pregnancies pose health and social problems for mothers and their infants, including a greater risk of poor pregnancy outcomes and a greater chance that the family will live in poverty.

Utah's birth rate for adolescents is substantially lower than the U.S. rate, but similar to the U.S. white rate. Utah's rate has changed little since the mid-1980s. Analyses by the Utah Bureau of Vital Records has shown that the induced abortion rate among Utah teens is much lower than the U.S. rate, and has actually decreased.

The highest rates of births to 15-17 year old adolescents occurred in Tooele, and Weber-Morgan districts. The lowest rates were found in Davis and Summit districts.

Utah 1995: 26.1/1,000

U.S. 1995: 36.0/1,000 (all races)
U.S. 1995: 30.0/1,000 (whites)



Lack of Prenatal Care in First Trimester

Early entry into prenatal care permits early identification of risks and appropriate intervention. Lack of prenatal care in the first trimester may indicate problems with access to care. The proportion of Utah women not receiving care in the first trimester decreased somewhat from 1980 to 1994. However, the trend seems to have reversed in 1995 and 1996. The percentage of women not receiving first trimester care in Utah remains substantially higher than the Year 2000 objective (no more than 10% of women lacking such care).

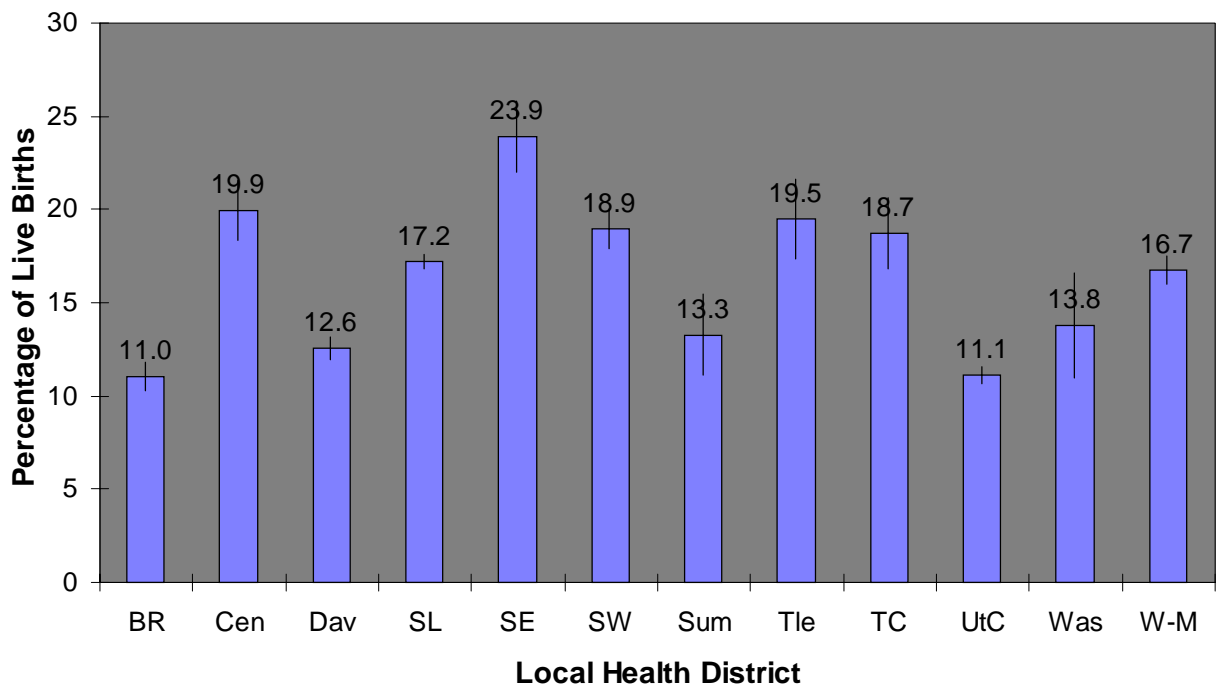
Overall 15.4% of women delivering babies in Utah from 1994-1996 did not receive prenatal care in the first trimester. However, Central, Salt Lake, Southeastern, Southwest, Tooele, Tri-County, and Weber-Morgan districts had rates higher than the Utah rate. There are currently no districts meeting the Healthy People 2000 goal.

Utah 1995: 15.6%

U.S. 1995: 18.7% (all races)

U.S. 1995: 16.4% (whites)

Lack of Prenatal Care in First Trimester by Local Health District Utah 1994-1996



Utah Rate 1994-1996: 15.4 percent

Childhood Poverty

Childhood poverty is an indicator of many risk factors for poor health. Over 94,000 Utah children under the age of 18 live in poverty, representing 13.6% of all children in the state. The state rate of 13.6% is substantially lower than the U.S. rate, but several of Utah's health districts have rates that are much higher than the overall state rate. Rates were significantly higher than the state rate in Southeastern, Tri-County, Central, and Southwest districts, and lowest in Summit, Davis, and Wasatch districts.

Utah 1993: 13.6%

U.S. 1993: 22.7% (all races)
U.S. 1993: 17.8% (whites)

